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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 8 1943

Registration District No. 316 — Primary Registration District No. 6073 — Registrar's No. 115

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Bonne Terre Rural (Perry)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Francois
(c) City or town Bonne Terre Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1 Bonne Terre
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELIZABETH ELLEN DOUGLAS

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Douglas
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased June 23 1894 (Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 29 If less than one day ... hr. ... min.

9. Birthplace Valles Mines Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business

FATHER
12. Name William Watt
13. Birthplace Chester Ill.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza League
15. Birthplace Jeff. Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Miles Reid
(b) Address Festus Mo. R.R.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 25 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Olivet Church DeSoto RA
18. (a) Signature of funeral director Donnell B. Dietrich
(b) Address DeSoto Mo
19. (a) Sept 25 - 1943 (Date received local registrar) (b) By: Elie Bintzmeister (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Sept 16 1943 to Sept 22 1943
that I last saw her alive on Sept 21 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	2 wks
Due to	
Due to	
Other conditions Hyperthyroidism (Include pregnancy within 3 months of death)	?
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Chas E. Fallet (M. D. or other)
Address DeSoto Mo. Date signed 9/23/43

1116

(Licensed Embalmer's Statement on Reverse Side)

.. EIVED

.. strict Health Officer No. 4

District File Number 1043-2

Date Filed 10-5-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....

.........., Registered Apprentice No. ....

working under my personal supervision.

Signed Donnell B. Gretinty

Licensed Embalmer No. 4104

P. O. Address DeSoto, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Oct

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 15 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth E. Douglas
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June (Month) 23 (Day) 1894 (Year)

8. AGE: Years 46 | Months 2 | Days _____ | If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

FATHER
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

MOTHER
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

SUPPLEMENTARY No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. Day 22
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19__ to _____, 19__; that I last saw h__ alive on _____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 1. Pneumonia Lobar	3wks.
Due to 2.	
Due to 3.	
Other conditions, (Include pregnancy within 3 months of death) Hyperthyroidism	

Major findings:
Of operations 108
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other)
Address _____ Date signed 9/5/43

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